

FILED FEB 4 1943

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Little Blue Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co. Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 years
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Little Blue Rural
(If outside city or town limits, write "RURAL")
(d) Street Jackson County Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: JAMES A. GALPIN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bessie G. Galpin 6. (c) Age of husband or wife if ally 4 year
7. Birth date of deceased August 22 - 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 3 If less than one day hr. min.

9. Birthplace Galliton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business
12. Name John Galpin
13. Birthplace Paris, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edith O. Bell
(b) Address 637 South Hattie

17. (a) Burial (b) Date thereon Jan 27 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Church Cem

18. (a) Signature of funeral director George E. Barand
(b) Address Independence, Mo

19. (a) Jan 27 1943 (b) F. H. Schick
(Date received local registrar) (Registrar's signature) Sp.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1943 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Jan 25, 1943
that I last saw him alive on Jan 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chronic bronchitis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Green (M. D. or other) _____
Address Independence, Mo Date signed Jan 27 43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
9

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank B. Hill*

Licensed Embalmer No. 2467

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.